

THE ALBERTA MENTAL HEALTH BOARD

Building a Stronger Mental Health System



AMHB

ALBERTA MENTAL HEALTH BOARD

... Advancing Mental Health

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The brain is most responsive in infancy and early childhood. The quality of a child's interaction with their environment forms the foundation for social and emotional functioning later in life. When a parent or caregiver consistently responds to an infant's needs it stimulates the brain and promotes social and emotional development

{2-4}

Children begin to develop problem solving skills, self-confidence, empathy and emotional regulation

{4-16}

Conduct disorders affect five to six per cent of children between ages of four and 16. Symptoms include constant rule breaking, lying and bullying

{13-17}

Adolescence is a transition period from childhood to more adult independence

{15-19}

Females aged 15-19 have the highest rate of eating disorders

{15-24}

Youth aged 15 to 24 have the highest rates of suicidal behaviour

{25-60}

These are the prime working years for the majority of Albertans. Workplace mental health is important

{25-34}

More than half of women who give birth do so between the ages of 25 and 34. Post partum depression is a mental health concern to be aware of

{24}

Three-quarters of all lifetime cases of mental illness begin by age 24

{65+}

The rate of dementias increases with age

{60-65}

Retirement means establishing a new life structure. This can cause some mental health challenges while adjusting to the changes

{20-25}

Substance use disorders often begin in the early 20s

{17-22}

Adolescents begin the transition into early adulthood

{14}

Half of all lifetime cases of mental illness begin by age 14

{11-17}

Generalized anxiety disorder is the most common anxiety disorder among adolescents

{11-13}

School phobia is most common in children aged 11 to 13

{5-12}

Children develop best when they have the support of a competent parent or caregiver, effective schooling and opportunities for exploration

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Mental Health: A lifetime journey

Throughout a person's life there are both protective factors and risk factors that can influence mental health. Developing strong resiliency skills early in life is important in promoting good mental health. Research illustrates that resilient people are healthier, live longer, are more successful in school and jobs, are happier in relationships and are less prone to depression.

People may experience mental health problems at any point in their lives, but some disorders occur at a higher rate within certain age groups. The timeline provides a general picture of the potential problems that can affect a person's mental health throughout their lifetime.

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In their own words...three Alberta families share their stories

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In their own words

Mental illness does not just affect the person with the health problem. It affects their friends, families and co-workers. In this book are the real-life stories of three Alberta families who watched a loved one cope with a mental health problem – written in their own words.

About Jenny

It was the beginning of summer 2005 and Jenny had just finished her first year of Junior high school. Our little girl had turned 13 and she had a wonderful group of school friends who had a common love of various sporting activities. A boy at school was interested in her, and despite worrying about the school work load, it ended up to be a very strong academic year for her.

Jenny's soccer team was going away to Kelowna for a tournament, and she joined a track and field team. She was coming into herself that year – a quiet, happy, confident little girl. Now, what a year.

I had noticed she looked a bit slimmer in the beginning of summer, but she had always been a slight girl. She was a grazer, she ate throughout the day. I shrugged it off.

That summer, she blended in so well at her grandparents' 50th anniversary family reunion, out-of-town wedding and soccer tournament that we never suspected anything. This eating disorder, anorexia, or what we dubbed as her Phantom, taught her many things, one of which was how to blend in with the crowd. So no one would notice something was wrong. But I did notice, later on that summer.

Jenny and her brother took a trip to San Diego to visit some family friends. I joined them on their last three days of the trip. As I was coming down the escalator at the airport, I saw our friends and was consumed by excitement and wonderful memories. Then I saw a girl, a grey, ashen-skinned girl, standing with her loosely wrapped over a skeleton. This girl looked up, but she looked right through me. It was like someone had just hit me in the face with a sledge hammer. It took me a second to come to the realization that this girl was our daughter.

What followed when we got back was a torrent of doctor's appointments and referrals. We finally went to see a specialist in eating disorders at the University of Alberta Hospital. I just thought that this nice, unassuming doctor was going to tell us to feed our daughter and then send us off so our nerves was gone. Back in his office, he presented the test results to us. What I remember most was that her 5' 2" frame was supporting just 74 lbs. her heart rate was down to 34 beats per minute and she was at risk for a heart attack. That sledge hammer came crashing into my voice again. She was immediately admitted into the hospital as an outpatient with the Eating Disorder Unit. At that very moment we were formally introduced to her Phantom.

She returned to school that fall and continued with outpatient treatment. This Phantom that haunted her was a constant reminder of her eating disorder. Her only solace was diving into the unconventional school program her Social Studies and Language Arts teacher assigned. Each day my husband and I saw the hope and motivation in her once empty, dead eyes as she dove into the challenging work her teacher had assigned.

This Phantom is slowly but surely loosening its grip from our daughter's life. Jenny is disclosing more secrets this Phantom had locked inside her frail body. Every day she is getting stronger and learning how to contain this Phantom inside her and the healing has come to pass.

Learn from our experience - girls with this disorder simply do not have the willpower to overcome this illness by themselves and normally neither do the parents. In our opinion, the parents need as much help as the kids. This is a huge burden on our daughters and they need the firm resolve of parents to help them through this.

In two years of recovery, she has been given many coping tools to deal with this disorder, and this is what it's all about - learning how to deal. It also brings us many different challenges in our lives. The bottom line is that I never lose hope.

Factors that affect mental health

A complex set of factors and conditions influence health – both physical and mental. Each of these factors, known as determinants of health, is important individually, but they are also interrelated. The presence or absence of these factors can protect a person or put them at higher risk of having mental health problems. For example:

Lack of control over work and home life can contribute to long-term stress and may result in mental health problems.

People who are employed and have strong social connections tend to have lower prevalence of mental health problems.

Mental health problems can predispose people to unemployment and social isolation just as unemployment and social isolation can contribute to mental health problems.

The ability to secure basic needs such as food, shelter and clothing influences overall health. The long-term stress of being unable to meet those needs can lead to mental health problems.

Determinants of health

Income and Social Status

Social Support Networks

Education and Literacy

Employment/Working Conditions

Social Environments

Physical Environments

Personal Health Practices and Coping Skills

Healthy Child Development

Biology and Genetic Endowment

Health Services

Gender

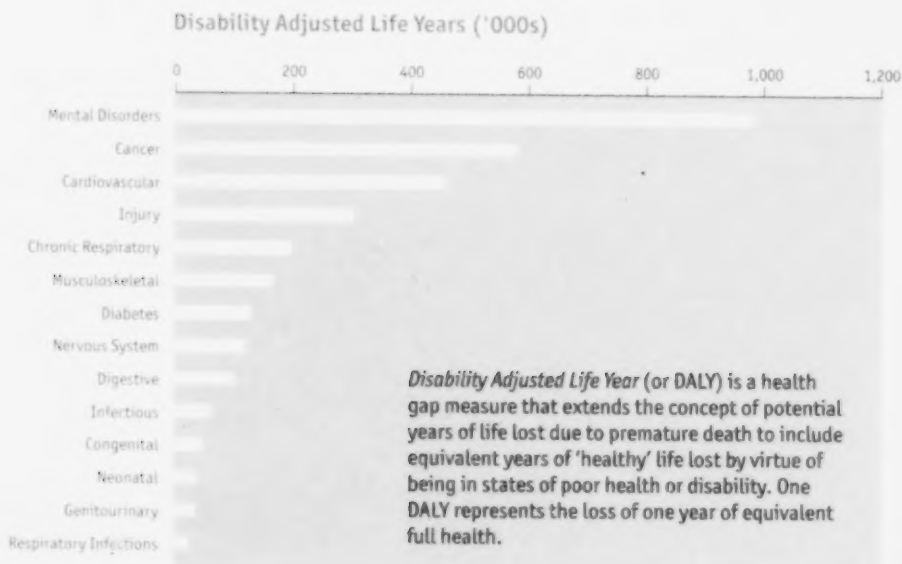
Culture

(Source: Public Health Agency of Canada)

Mental health is lagging far behind other health conditions in terms of profile, resources, evidence and knowledge. These circumstances are not unique to Alberta. Within Canada there is increasing awareness of the burden, impact and cost mental illness has on individuals, families, workplace and society.

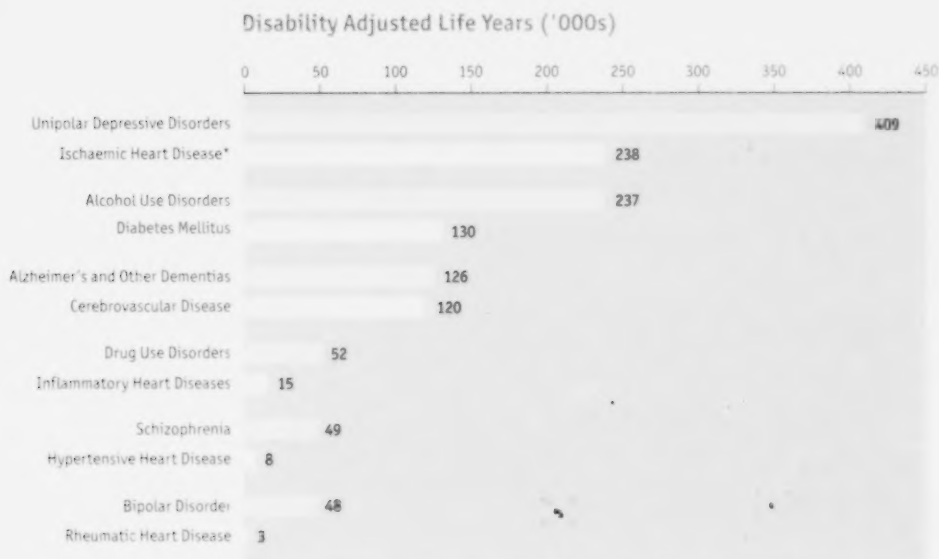
Burden of Mental Disorders

The World Health Organization reports that the relative burden of mental/neurological disorders is increasing. In 1990, 10 per cent of the total burden of all diseases and injuries were due to mental/neurological disorders. This increased to 12 per cent in 2000 and is projected to be 15 per cent by 2020.



(Source: WHO DALY's Canada 2002 - Global Burden of Disease Project)

Six of the 10 leading causes of disability in developed regions are mental disorders.



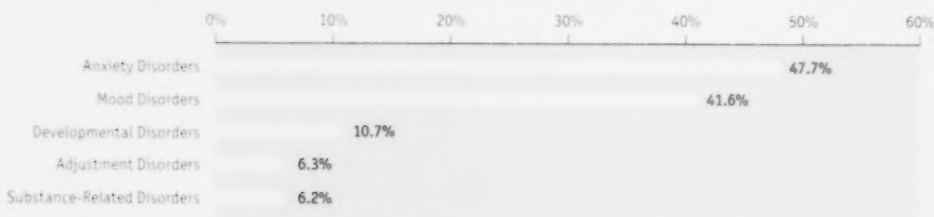
*Ischaemic heart disease is the highest single disorder within the overall group of Cardiovascular Diseases.

(Source: WHO DALY's Canada 2002 - Global Burden of Disease Project)

The State of Mental Health in Alberta

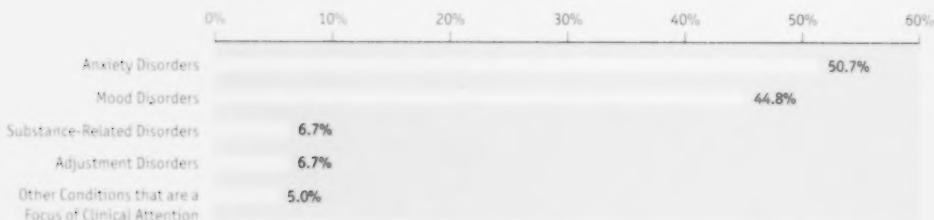
One in three people will have a mental health problem in their lifetime. In fact, within a three-year period, 33 per cent of Albertans saw a doctor because of a mental health problem.

Top 5 Diagnoses for *all individuals* who accessed physicians in 2005/06 in Alberta for mental health concerns



Approximately 48 per cent (or nearly half) of the individuals who accessed physicians were diagnosed with Anxiety Disorders. Individuals with Mood Disorders (including Depression and Bipolar Disorders) were the next most frequent diagnosis, while individuals with Developmental, Adjustment and Substance-Related disorders rounded out the top five most frequent diagnoses.

Top 5 Diagnoses for *adults* who accessed physicians in 2005/06 in Alberta for mental health concerns



Note (both graphs): An individual may have received more than one diagnosis within the fiscal year, therefore, the sum of percentages may not equal 100 per cent.

(Source: AMHB Information Management, 2007)

Children under 18 in Alberta who accessed physicians for mental health problems
Frequency of diagnosis by age group for individuals

	5-9	10-14	15-19	20-24	25-29
Adjustment Disorders	1.4%	3.0%	5.5%	6.0%	3.8%
Anxiety Disorders	15.4%	19.1%	26.6%	38.7%	24.0%
Cognitive Disorders	0.4%	0.2%	0.2%	0.2%	0.3%
Developmental Disorders	67.0%	75.0%	55.0%	32.9%	61.0%
Eating Disorders	1.3%	0.2%	0.7%	1.4%	0.8%
Impulse Disorders	0.3%	0.5%	0.4%	0.2%	0.3%
Mood Disorders	3.3%	9.2%	24.2%	36.1%	16.2%
Conditions of Clinical Focus	15.1%	5.8%	5.1%	4.1%	7.4%
Other Disorders	2.1%	1.5%	2.2%	3.3%	2.1%
Personality Disorders	0.2%	0.5%	0.8%	1.3%	0.7%
Schizophrenia	1.6%	2.0%	2.5%	2.6%	2.1%
Sexual/Gender Disorders	0.3%	0.1%	0.1%	0.3%	0.2%
Substance-Related Disorders	0.6%	0.3%	3.6%	6.9%	2.3%

Note: This table reflects individuals and, therefore, the totals do not add to 100 per cent, as an individual could receive more than one diagnosis within the fiscal year.

(Source: AMHB Information Management, 2007)

In 2005/06, 58,320 children under the age of 18 accessed physician services for mental health concerns. This number represents 7.5 per cent of all children in Alberta.

Where do individuals access services?

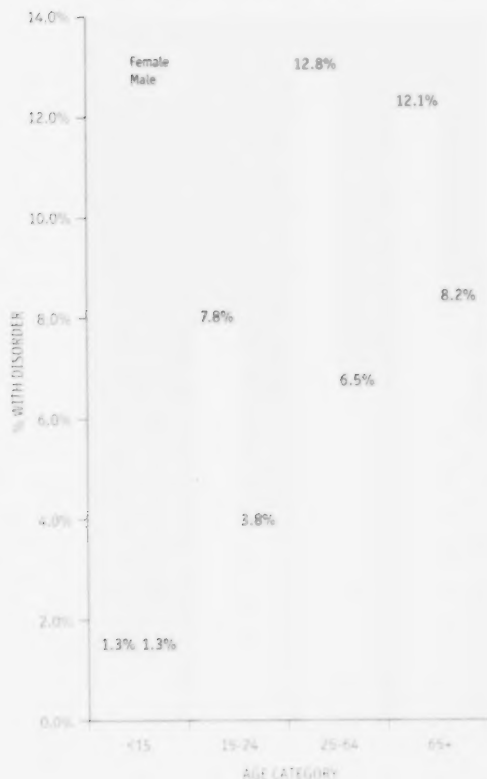


(Source: AMHB Information Management, 2007)

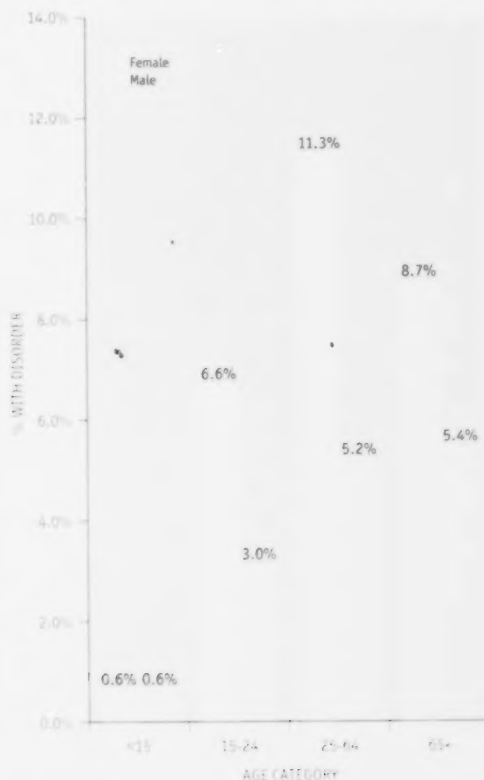
In 2005/06, about 550,000 individuals (17 per cent of the provincial population) were treated in Alberta for a mental health related problem.

The overall prevalence rates for mental health disorders and substance dependencies are about the same for men and women. Specific disorders do tend to occur more frequently in one gender or the other and rates are higher in certain age ranges.

Physician Services (2005/06)
Per cent of population with
anxiety disorders by age/gender

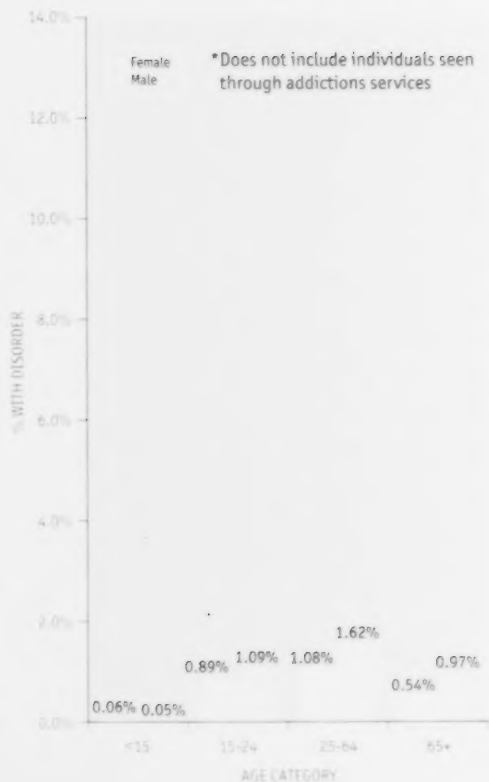


Physician Services (2005/06)
Per cent of population with
depressive disorders by age/gender

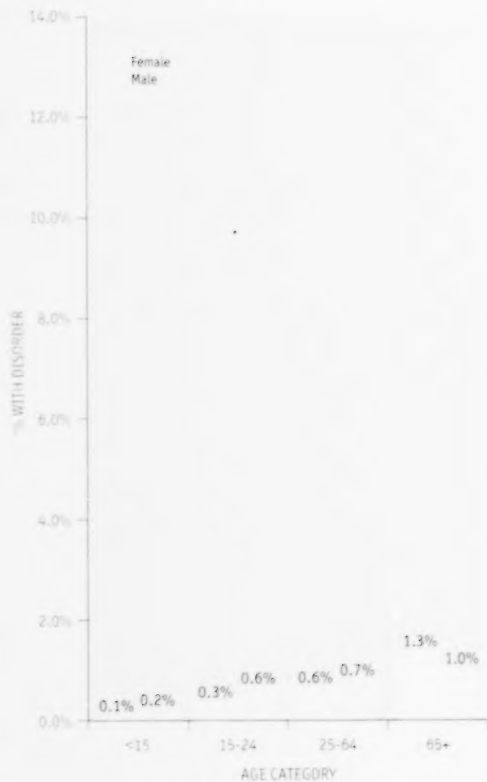


(Source: AMHB Information Management, 2007)

Physician Services (2005/06)
Per cent of population with
substance use disorder by age/gender*



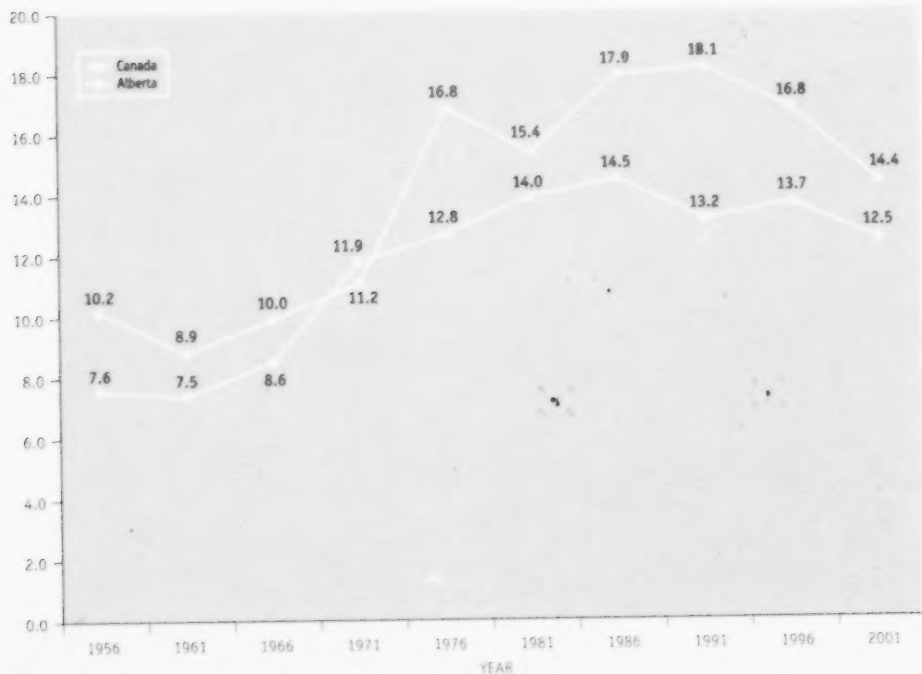
Physician Services (2005/06)
Per cent of population with
psychosis by age/gender



(Source: AMHB Information Management, 2007)

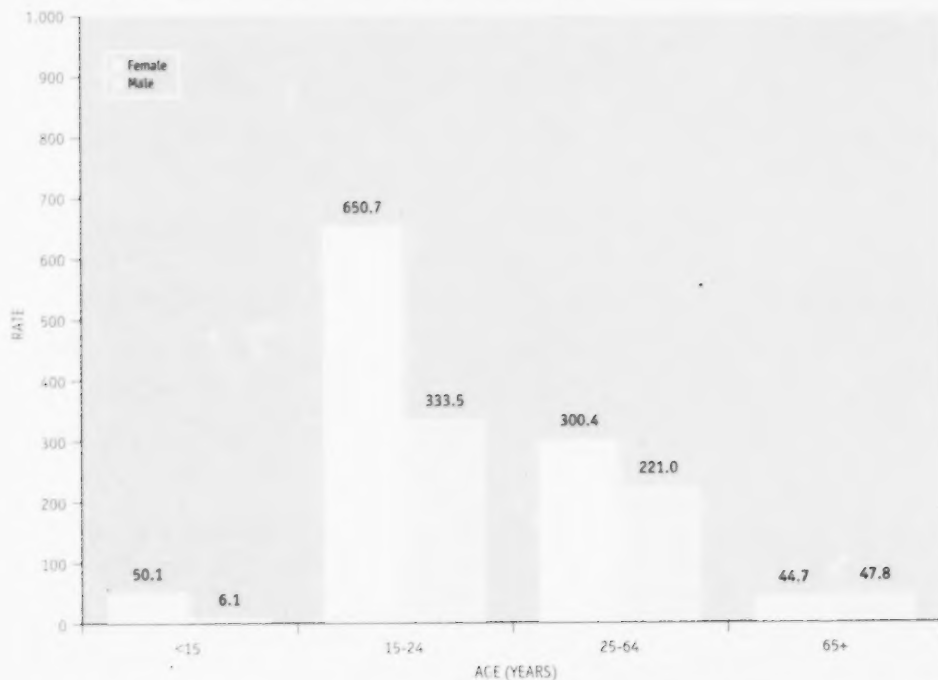
More than 400 people in Alberta die by suicide every year. Additionally, there are approximately 6,000 emergency room visits and 2,000 hospitalizations for self-inflicted injuries each year.

Deaths by Suicide per 100,000: Canada and Alberta



(Source: Thompson, A. (personal communication, June 2005). Raw data used to create the Canadian Social Problem Index reported in Thompson, A., Howard, A. & Jin, Y. (2001). A Social Problem Index for Canada.)

Rates of suicidal behaviours per 100,000 (2005/06)



(Source: AMHB Information Management, 2007)

Alberta's Mental Health System

Responsibility for the mental health system in Alberta is shared by the Alberta Mental Health Board (AMHB) and key stakeholders such as health regions, government ministries, health care organizations and agencies, advisory bodies and service providers across the province.

The Alberta Mental Health Board plays advisory, leadership and management, coordination and support roles in the mental health system, and works with health regions, government ministries and service providers across the province.

Alberta Health and Wellness is accountable for policy, monitoring performance and funding the mental health system.

Regional Health Authorities (health regions) deliver the majority of mental health services, operate mental health hospitals and clinics and deliver many community-based services in their regions.

Provincial Ministries provide services and support directly or through their regional authorities.

Private Practitioners (physicians, psychologists, psychiatrists, therapists, etc.) provide services directly or through health regions.

The **Alberta Alcohol and Drug Abuse Commission** (AADAC) provides programming and planning counsel, particularly in the area of mental health and substance use disorders.

The **Patient Advocate** assists involuntary mental health patients to understand and exercise their rights, and investigates patient concerns.

Other providers (private providers, non-government organizations, community and consumer groups, etc.) offer mental health services and support programs.

Provincial plans for a better mental health system

Did you know that Alberta is one of the few provinces in Canada to have a Provincial Mental Health Plan – a blueprint for consistent, integrated delivery of mental health services and policies across the province? In addition, the health regions have comprehensive mental health plans that are aligned with the provincial plan and outline what mental health services and care must be delivered.

Among Canadian jurisdictions, Alberta is one of the few provinces to also have:

- A one-time Mental Health Innovation Fund of \$75M over three years to be used for transitioning services, and for eliminating service gaps in high priority areas
- A provincial framework for children's mental health and one-time funding of \$38.9M over three years to build mental health capacity in children and youth
- A provincial mental health research plan
- A provincial suicide prevention strategy
- A provincial framework and research protocols for Aboriginal mental health
- A provincial program for forensic psychiatry services
- A province-wide approach to collecting mental health service data

The AMHB has played a leading role in developing these provincial strategies and initiatives. Mental health issues often cross organizational boundaries – health services, social services, the justice system. It's beneficial to have a structure in place that can pull together the necessary stakeholders to deal with these multifaceted issues that impact people with mental health problems.

A Provincial Plan

Development and implementation of a mental health plan for the province that involved all stakeholders has led to previously disparate groups working towards a common vision, goals and understanding and has established a strong network and improved working relationships among partners.

The plan identified as its number one priority the expansion of access to a full range of mental health services and supports based on a service model with three strategic directions:

Support and Treatment

The mental health system needs to do more in providing assessment, treatment and rehabilitation and community support for individuals and families. The plan sets out a number of support and treatment priorities.

Risk Reduction

Action is needed to reduce the risk of mental illness and optimize mental health by decreasing factors that negatively affect well-being including physical illness, poverty, abuse or chronic neglect, violence, addictions, trauma, or harsh social conditions. Risk reduction also includes services designed to prevent mental illness and increase patient safety.

Capacity Building

Mental health system capacity building involves identifying, maintaining and strengthening factors that promote mental health and well-being across government, in communities, and with individuals and their families.

Initiatives making a difference for the mental health of Albertans

Mental Health First Aid Canada

Mental Health First Aid (MHFA) is the help provided to a person developing a mental health problem or already in a mental health crisis. MHFA Canada is an evidence-based

training program that is designed, just like traditional first aid, to enable people to recognize symptoms of mental health problems and provide support until professional help is available. It is an educational course for the public. The program aims to:

- Educate participants and help them identify signs of mental health problems in themselves, co-workers, friends, family and even strangers.
- Teach participants how to support the individual and to help seek appropriate help for them.
- Reduce the stigma of mental illness. More than half of people with mental health problems will be too ashamed to seek treatment.

The MHFA Canada curriculum covers many topics, including substance use disorders, depression, anxiety disorders and psychosis. The course also covers crisis first aid, which includes suicidal behaviour, overdoses, panic attacks and more. For more information about MHFA Canada visit www.mentalhealthfirstaid.ca.



**Mental Health
First Aid**

Workplace Mental Health

In today's booming economy, with its infrastructure challenges and staff shortages, massive provincial in-migration and aging workforce, the dramatic impact of mental illness in the workplace has only just begun to gain recognition. The most common disorders, such as anxiety, depression and substance use are often found in combination, leading to more serious problems, and they result in decreased productivity, absenteeism and increased sick and disability days. In fact, mental health problems are the leading cause of disability in Canadian workplaces. In contrast, healthy workplaces have lower absenteeism, fewer accidents and grievances, and higher retention rates and performance.



Men at Risk

Men in Alberta are four times more likely to die by suicide than women, and men 35 to 59 years of age are particularly at risk. There is help available through the Men at Risk program.

Men at Risk is a program targeted to adult men working in trades, industry and agriculture, and the people who interact with them, such as spouses, family, friends, co-workers and financial advisors. The program delivers information and ideas for healthy ways of coping with problems, what to do with someone at risk for suicide, and resources for getting help. The Men at Risk program helps men get the help they need. The program features facilitators and volunteers who come from the very employment sectors it targets, and because it is men helping other men, the stigma associated with seeking help is reduced.

The Men at Risk program is an Alberta-based initiative first developed in 1999 by the Grande Prairie and Area Safe Communities, PACE (Providing Assistance, Counselling and Education) and the Suicide Prevention Resource Centre. The AMHB provides support to the Men at Risk program in Grande Prairie to enable them to share their wisdom, knowledge and expertise with other areas of Alberta.



In a typical work setting, one in four employees is struggling with mental health problems.

About Marc . . .

Two years ago, my husband Marc moved to Edmonton in search of new opportunities in Alberta's booming economy. A journeyman plumber by trade, he was instantly bombarded with job offers from Fort McMurray, Edmonton and Nisku. He eventually settled on a job in Edmonton doing service calls for a plumbing company.

The job seemed good at first. They outfitted him with a company truck and paid him a wage higher than what he was earning in his native Montreal. He got along well with his co-workers. He seemed happy.

But soon, Marc's workload became unbearably heavy. Due to the shortage of workers and high turnover in the trades, his employer began to push everyone harder than ever. Overtime was no longer optional. Marc was working very long hours every week and was on-call 24-hours a day, one week of every month.

We had to significantly alter our personal life to fit into his work schedule. We could not schedule plans on the weeks where he was on-call, because he felt too worried he'd miss a call or have to leave in the middle of the event.

Eventually it became too much for him to bear, and I started to see changes in his behaviour and attitude. All he could think about was work. He would come home and be so stressed out because he felt like he had so much to do and not enough time to do it. We'd be in bed at night and Marc would toss and turn for hours, trying to fall asleep. I really noticed a change in his demeanor. Normally a very easygoing, happy-go-lucky guy, he now had a negative outlook on life and was grumpy all the time.

Stress also took a physical toll. He'd come home and his lunch bag would still be full because he didn't have time to eat during the day. His appetite decreased and he'd pick at his supper. Marc lost 10 pounds in one month. I noticed his hands were shaking non-stop. That's when we knew something had to be done.

Marc had previously suffered from depression and workplace burnout, and we recognized he was falling into the same trap. Together, we found a psychologist he trusted and he started talk therapy. She helped him find ways to manage the stress and anxiety he was feeling. Through relaxation exercises and visualization, he was better able to manage what was going on internally.

The psychologist also helped him reprioritize his life. It was time to put our life ahead of his job. He decided to approach his boss and tell him about the burnout. One morning, Marc scheduled a meeting with the supervisor and explained his history of depression and burnout. He requested a transfer to a job that would allow him to keep regular hours and maintain the work-life balance he desperately needed. We couldn't believe his supervisor's response. He told Marc that if he couldn't hack the job, he could find a job somewhere else. With my full support, Marc quit that job immediately, packed up his tools and left.

Today, he works for a smaller company. The owner of the company knows of his burnout history, and respects Marc's no overtime rule. While he isn't paid as well as the first job, we realize now that his health is so much more important than how much money is in the bank.

Through continued visits with the psychologist, Marc has learned that he will always be susceptible to burn out and depression, having suffered both previously. It's something that we will always have to manage and be aware of.

One lesson we've learned through this is that life is more than work alone. A healthy work-life balance is challenging to find, but the rewards are worth it for us.



Alberta Mental Health Research Partnership Program

Alberta Mental Health Research Partnership Program

The AMHB has successfully brought together various stakeholders from across the province (researchers, service providers, funders, policy makers, advocacy groups and industry representation) to form a comprehensive, integrated research program. The Alberta Mental Health Research Partnership Program is leading a provincial research agenda that aims to improve mental health for all ages. The objective is to build capacity in mental health services and population health research, focusing on four research priority themes:

- Child and Adolescent Mental Health – ensuring the mental health of the next generation
- Mental Health in the Workplace – ensuring a prosperous economy by addressing mental health issues in the workplace
- Mental Illness and Addictions – addressing the growing problem of ‘dual diagnosis’ in our society
- Effectiveness of Mental Health Services and the System – making sure the system works to improve the mental health of all Albertans and getting care to those who need it

The research agenda also focuses on issues that span across these priority themes, including Aboriginal and multicultural populations, suicide prevention, knowledge transfer and the capacity of information systems to support research.

A key component of the Mental Health Research Partnership Program is the recruitment and support of Mental Health Research Chairs. Leading international experts are currently being recruited to Alberta’s universities to work in collaboration with health regions to conduct research and facilitate knowledge exchange in the priority areas. Chairs will link a critical mass of researchers together to focus on the priority needs of Albertans, and will connect high quality research with the mental health services agenda.

The research program concentrates on health services and population health research because the results of these endeavours are quickly transferable to system improvements and have the greatest potential to enhance the mental health of Albertans.

For more information visit www.mentalhealthresearch.ca.



Alberta Research and Innovation Centre for Mental Health

The Alberta Research and Innovation Centre for Mental Health will be a virtual centre to support the work of the research program and serve as a resource for researchers, practitioners, policy makers and consumers. The centre intends to:

- Build provincial research capacity.
- Provide support for research and activities related to priority research themes and program goals.
- Expedite the transfer of findings to service settings.
- Connect stakeholders in mental health.
- Measure and report on the accomplishments and impact of the Alberta Mental Health Research Partnership Program.

For more information visit www.mentalhealthresearch.ca.

Aboriginal Youth Suicide Prevention Initiative

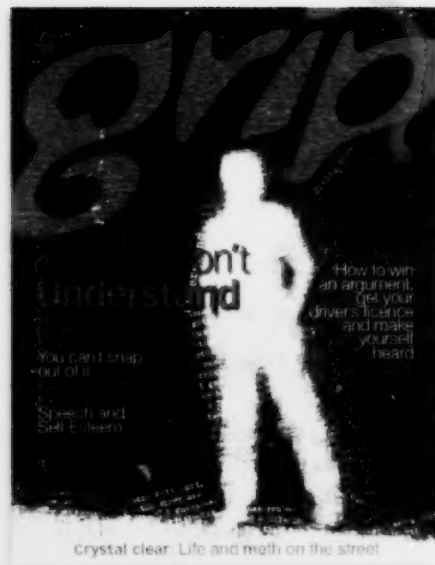
The AMHB has long recognized the unique strengths and challenges within Aboriginal communities. As a result, the AMHB has a dedicated Aboriginal Mental Health team whose mandate is to advance Aboriginal mental health in an inclusive, holistic way.

An emerging need in Aboriginal mental health is suicide prevention, particularly in young people. The suicide rate of Aboriginal youth is five to seven times higher than for the non-Aboriginal youth in Alberta. Several Chiefs and Councils approached the Alberta Government asking for assistance to address this issue. From this request evolved the Aboriginal Youth Suicide Prevention Strategy (AYSPS). This is a province-wide strategy to address suicide prevention protective factors among Aboriginal youth. The strategy is a partnership between six ministries, the AMHB, Alberta Alcohol and Drug Abuse Commission, First Nation and Inuit Health Branch and five pilot sites involving 16 Aboriginal communities across Alberta. The communities continue to develop and implement their suicide prevention action plans.

For example, in Lethbridge, a 5-km road race was held to raise awareness about suicide prevention. Eden Valley has taken a leadership role in building up the women in their community by creating a 13-and-under girls hockey team and hosting a fashion show for the graduates of their Paradigm Esteem program. The Tri-Settlements pilot site created a friendship bracelet program for its teens. Each bracelet is inscribed with the words 'Forever as a People' and 'Promise' and accompanied by a suicide help card. Upon accepting the bracelets, the teens promise to reach out to a friend or family member if they feel suicidal.

A community-driven, formative evaluation was completed in partnership with the pilot sites. As a result of the strategy, a one-time grant program was developed that is available to First Nations, Métis Settlements and Aboriginal organizations to support suicide prevention awareness, education and training activities through the promotion of protective factors. Using unique community-based solutions to address the issue, Aboriginal suicide prevention projects have been welcomed into their respective communities with enthusiasm.

The goal of AYSPS is that Aboriginal youth will feel hopeful, empowered and optimistic about their futures. It is hoped that projects will support youth towards positive, healthy lifestyles and prevent unnecessary deaths and heartache for these communities.



Grip Magazine

Grip is the AMHB's magazine for youth that is written by youth, ages 13-18. The magazine is intended to be a source of trusted information and to be open and honest about the issues relevant to young people. It is supported by a website (www.griponlife.ca), which complements the magazine and provides additional information and resources. There is also a moderated online forum where youth can interact and support one another.

Youth advise the AMHB on every aspect of the magazine's development and the AMHB has established a youth advisory council that provides a youth perspective on the future direction of the magazine and website.

Grip is distributed through interested schools, libraries and places where youth can easily access it.

In 2007, the Health Care Public Relations Association awarded *Grip* magazine a first place Hygeia Award in the category of external communications. Hygeia Awards recognize excellence in health care communications and outstanding accomplishments across Canada.

Teenagers between the ages of 15 to 24 are the least likely to use any resources for problems concerning their mental health or use of alcohol or illicit drugs.

all for one

connecting for kids



Connecting for Kids

In September 2006 Alberta Health and Wellness launched *Positive Futures - Optimizing Mental Health for Alberta's Children*, a mental health framework that outlines strategic directions and activities to achieve optimal mental health for children and youth zero to 24 years of age. As part of the framework, the government invested \$38.9 million over three years to fund five initiatives.

Mental Health First Aid Canada in Schools: Mental Health First Aid (MHFA) Canada (see page 18) will be brought to Alberta's schools to give teachers and other school personnel skills and information to support children and youth, colleagues and parents who show signs of or are experiencing a mental health problem. The training will focus on promoting mental wellness by establishing it as a resource in every school across the province. With over 35,000 teachers throughout Alberta serving over 550,000 children in more than 2,000 schools, the program aims to have at least one person trained in MHFA Canada in every school in Alberta.

Mental Health Capacity Building for Children and Families: Mental Health Capacity Building initiatives bring together a number of people and professionals at the grassroots community level to help children learn how to self-protect their mental health from an early age. Teachers and other school personnel, parents, health care professionals and community organizations all work together, with both the children and their families, to achieve this goal. This critical help is provided within the school setting, where children spend most of their time. (This initiative first received funding from the Mental Health Innovation Fund. New funding allows more community projects to be developed.)

Taking Action on Suicide Prevention: Three of the initiatives build upon the Alberta Suicide Prevention Strategy and focus on young people and their families. Suicide among school-aged teens and young adults is of great concern. Suicide is a complex problem involving biological, psychological, social and spiritual factors. The tragic and complex nature of suicide has traumatic consequences, both for the individual and for those around them. The attempt or death of one person affects parents, children, siblings and other relatives as well as friends, teachers, co-workers and others known to the individual.

In three separate initiatives, Alberta is taking action on suicide prevention to support young people and their families. Two initiatives will be implemented at the grassroots community or regional level. One, *Alberta Takes Action on Community Help*, will help to identify and support community helpers, the people youth naturally turn to in times of distress, through information, training and the creation of better linkages with the professional supports in their area. A second initiative, *Alberta Takes Action on Active Postvention*, will first help to enhance suicide bereavement support programs and services into the regions. It will also support communities and regions to take a more active approach to reaching families newly bereaved by suicide. The third initiative, *Alberta Takes Action on Intentional Overdoses*, will work toward reducing access to the most commonly used method of suicide attempts among Alberta's youth. This initiative will begin with in-depth research to identify the drugs, or classes of drugs, most commonly used for the purpose of intentional overdose. Once known, partners will work together to define and take action to reduce access to these classes of drugs.

about Jin...

My sister Jin was diagnosed by her physician and psychologist with severe depression. I first noticed signs of her mental illness when it seemed that there were slight changes in her personality. She was no longer socially outgoing, often extremely irritable, and lacked her tenacity for life. Before Jin was diagnosed, her moods fluctuated from extreme happiness to horrendous sadness. It did not take significant events or circumstances to trigger her bouts of anger and sadness. But the definite indicator of her problem was when she started inflicting bodily harm (cutting) to herself.

Because of her extreme sadness, she would seek comfort in unconstructive and harmful behaviours, such as drugs, sex, and self-mutilation. Because of her vulnerability, my family and I kept her at arms-length, worried that our actions would cause her to spiral downwards. As well, we were quite unfamiliar with mental illness and denied the extent of her depression. We avoided getting her professional help as much as possible because admitting to outsiders that my sister needed help meant that the problem was a reality.

You see, in Chinese culture, mental illness is surrounded by stigma. Depression is seen as a result of inadequate upbringing or being immersed in an unsupportive environment. Hence, my family, for several years, was in denial and refused to publicly admit my sister's illness.

It was heartbreaking to watch someone I love more than myself suffering with so much pain and it brought overwhelming sadness in my own life. I felt so hopeless and useless since I did not know how to help her out of her depressive states. I was also frustrated with her seemingly reluctant

attitude. To get better since I felt the solution to her situation was so obvious and straight forward, I now realize that my lack of ability to help her and my frustrations reinforced how little I know about her mental illness.

In order to understand mental illness and help my sister, my parents and I have done extensive readings of literature presented on the internet and in books. However, speaking to our physician and psychologist was the most informative. These health care professionals were able to help us understand what my sister was suffering from, how she was feeling, and most importantly, how to help her get through her depression and suicidal states.

My sister's mental illness has taught us how depression can affect anyone, regardless of background, upbringing and genetics. We have become more honest and upfront about her situation. We realized her illness cannot be fought with secrecy and denial. We have become much more open in asking for assistance from family, friends, and health care professionals in helping my sister.

Jin has been prescribed antidepressants and visits her psychologist once a week, and is learning to manage her depression. Her treatments have also allowed her to achieve a fulfilling lifestyle because she is now capable of focusing on work, school and building positive relationships with friends and family.

This is what I've learned through Jin's experiences: do not be afraid to get help for those affected by mental illness. The earlier the illness is diagnosed and managed, the sooner your loved one can achieve their maximum potential in relationships and experiences.

About the Alberta Mental Health Board

The Alberta Mental Health Board is a health authority that oversees and advances Alberta's mental health system, serves in an advisory capacity to government and works with health regions and public and private organizations to address system-wide mental health priority issues that span national, provincial, regional and organizational boundaries.

Alberta's approach to the mental health system is unique in Canada. No other province has an organization like the AMHB to oversee and coordinate its mental health system.

The AMHB is able to focus on provincial and national priorities, address the system level barriers, and support rural health regions and organizations that do not have the capacity to meet mental health standards and expectations on their own and in a timely manner. This gives Alberta and national partners a significant advantage in moving forward with mental health initiatives.

VISION

Advancing Mental Health

Mental health is more than the absence of mental illness. It is having meaningful and positive interactions with other people and the environment, the ability to adapt to change and cope with adversity, and finding a balance in all aspects of life – mental, physical, emotional, social and spiritual. In short, there is no health without mental health.

MISSION

To provide strategic, fiscally responsible leadership in advancing mental health with our partners in:

- Advocacy & support
- Research
- Service and policy framework development
- Evaluation

VALUES

The AMHB is guided by the following values:

- Patient-centered mental health care, resulting in respectful, quality care
- Mental health promotion is of primary importance in the prevention of mental illness, as a basis of finding balance in all aspects of life
- Mental health funding, service delivery and access to services have equal priority as other health services in the public health system
- Innovation through research, information management and best practices to address and reduce the prevalence and burden of mental illness
- Partnerships, as the means to benefit the health system generally and mental health clients and their families in particular
- Accountability for delivering on delegated responsibilities and contributing to health system sustainability

GOVERNANCE

The AMHB is governed by a board of directors that receives its mandate from and reports to the Minister of Alberta Health and Wellness. The AMHB has a multi-year performance agreement with the Minister that encompasses health authority responsibilities, including health plan requirements, and articulates key performance expectations and commitments.



The AMHB's areas of responsibility include but are not limited to:

- Mental Health System Accountability:
 - Overseeing the implementation of the Provincial Mental Health Plan
 - Assessing the Regional Mental Health Plans and advising the Minister on progress
 - Assessing Mental Health Innovation Fund proposals and advising the Minister on allocation and accountability requirements
- Coordinating Interministerial and Regional Health Authority Collaboration on Initiatives
- Participation in Interprovincial, National and International Initiatives
- Policy Advice to the Minister of Health and Wellness
- Research and Evaluation
- Supporting the Development of Mental Health Funding Methodology
- Children's Mental Health
- Aboriginal Mental Health
- Suicide Prevention
- Anti-stigma Initiatives
- Provincial Forensic Psychiatry Program
- Information Management
- Mental Health Promotion and Illness Prevention
- Public Education and Mental Health Literacy
- Telemental Health

MENTAL HEALTH POLICY

The Provincial Mental Health Plan serves as the framework for Alberta's mental health system and guides the development of services. The AMHB has a strong role in the implementation of the plan including children's mental health, Aboriginal mental health, suicide prevention, research and forensic services. The AMHB leads/participates in interministerial initiatives and provides policy advice to the Minister on matters related to mental health.

RESEARCH AND EVALUATION

Research is necessary to achieve better consumer outcomes, develop new treatments and models of care and to evaluate the effectiveness of treatment interventions. Without appropriate research efforts, mental illness will continue to have a profound and pervasive impact on individuals, families, workplaces and all aspects of society. Mental health research can lead to an improved mental health delivery system and help optimize treatment outcomes so people can live productive and positive lives.

Support and funding for mental health research lags far behind that of other health research. The AMHB has led a collaborative process to develop a provincial plan for mental health research that makes a strong case for enhancing mental health research in Alberta. It proposes a new vision for mental health research through the development of the Alberta Mental Health Research Partnership Program.

The AMHB is working with the mental health Research Partnership Committee, a province-wide, senior-level committee established to provide strategic advice on the implementation of the research program. Through collaborative efforts, many initiatives continue to evolve including: the Alberta Centennial Mental Health Research Chairs Program, the virtual Alberta Research and Innovation Centre for Mental Health and the annual Mental Health Research Showcase.

CHILDREN'S MENTAL HEALTH

Good mental health begins in the womb. While it is vital to promote resilience across all age groups, there are several good reasons to target youth and, particularly, children. From a very early age, individuals are subject to stress, adversity and the development of mental health problems. Prevention and health promotion strategies can give children the tools they need to develop resiliency – the ability to react positively and adapt well to change when things go poorly. The AMHB supports children's mental health in all of its program areas with initiatives designed to improve the well-being of children, youth and their families.

The AMHB, along with seven provincial government ministries and AADAC, participated in the development of *Positive Futures - Optimizing Mental Health for Alberta's Children and Youth*. This framework outlines strategic directions and activities to achieve optimal mental health for children and youth zero to 24 years of age.

To advance this framework, Alberta Health and Wellness announced funding of \$38.9 million over three years to improve mental health for Alberta's children and youth and to support the mental well-being of their families and communities. The funds will go toward five projects, three of which build upon the Alberta Mental Health Board's recently announced Alberta

Suicide Prevention Strategy. The remaining two projects relate to building capacity at the grassroots community level to address the mental health needs of children, youth and families, as well as Mental Health First Aid Canada training for school personnel.

Stressed?

Depression

It's more common than you think

Exam Stress?

Anxiety

It's more common than you think

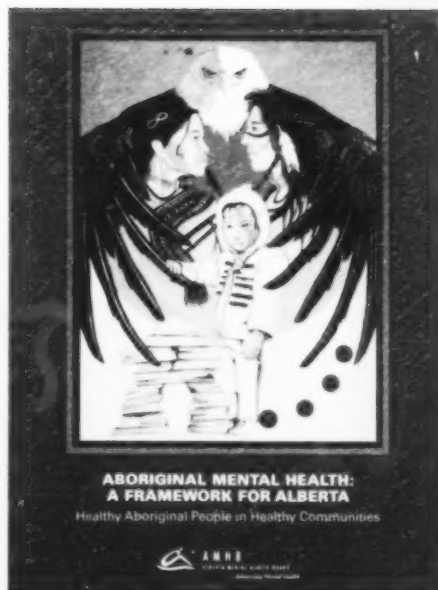
The AMHB's youth brochure series speaks about common mental health problems in a way youth can relate to. In 2007, the Health Care Public Relations Association awarded the AMHB's youth mental health brochure series a second place Hygeia Award in the category of Special Purpose Communication - General. Hygeia Awards recognize excellence in health care communications and outstanding accomplishments across Canada.

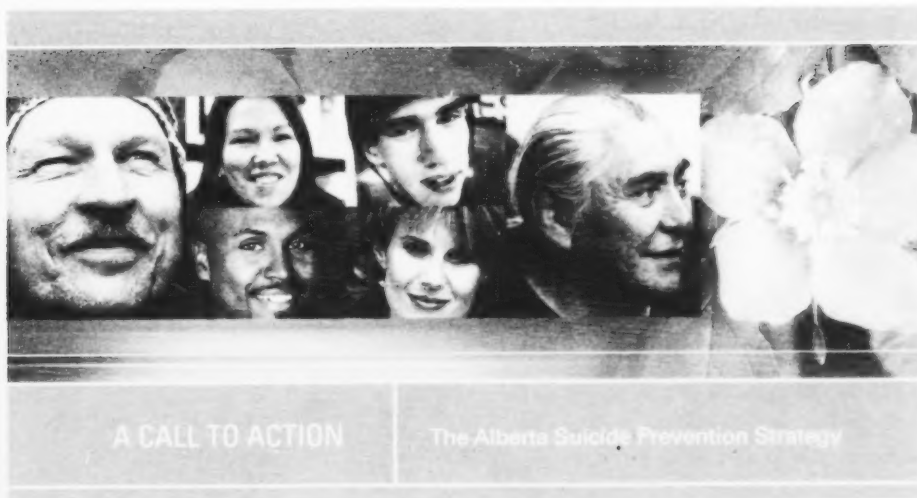
ABORIGINAL MENTAL HEALTH

Meeting the mental health needs of the Aboriginal People of Alberta is both an opportunity and a challenge. Many factors have contributed to some Aboriginal people demonstrating high rates of alcohol and drug abuse, suicide, injuries, violence, incarceration, unemployment and lower educational attainment.

The AMHB works with its Wisdom Committee, which consists of Elders and other key individuals from First Nations, Métis and Inuit communities. The AMHB established this council in 2000 to ensure involvement by Aboriginal communities in the process of planning the directions for Aboriginal mental health services in Alberta.

The AMHB led the development of an Aboriginal Mental Health Framework in collaboration with Aboriginal communities, provincial ministries, Regional Health Authorities, Health Canada, and other service providers. The framework provides insight into Aboriginal mental health, with a goal to promote the well-being of the mind, body, spirit and emotions of Aboriginal children, adults, families and communities through Aboriginal culturally appropriate promotion, prevention and treatment services within the mental health system in Alberta.





A CALL TO ACTION

The Alberta Suicide Prevention Strategy

SUICIDE PREVENTION

Suicide is consistently a leading cause of death among Albertans, claiming more lives than motor vehicle collisions, AIDS or homicide each year. Suicide affects our entire society, both directly and indirectly.

The AMHB, in response to direction provided in the province's mental health plan, led the development of a province-wide suicide prevention strategy to prevent and reduce suicide, suicidal behaviour and the effects of suicide in Alberta. The Alberta Suicide Prevention Strategy identifies at-risk groups and sets out goals and objectives that serve to guide the work to be conducted at the local, regional and provincial levels.

FORENSIC SERVICES

The AMHB provides provincial leadership for Forensic Services & Initiatives that encompasses three distinct mental health and justice programs, each of which works in conjunction with regional health authorities and government ministries to provide mental health services to individuals who are, or have been, in conflict with the law.

The Provincial Forensic Psychiatry Program of Alberta, under the governance of the AMHB, coordinates and facilitates the provision of expert and specialized inpatient and community assessment, treatment, rehabilitation, follow-up, consultation and education/ research services with the regions for, or related to, adults and adolescents with mental health problems who are in conflict with the law.

The Provincial Diversion Program ensures that, whenever possible, adults and adolescents with mental illness who are in conflict with the law receive appropriate care, support and treatment from mental health, social and support services thereby reducing reliance on the criminal justice system.

The Provincial Family Violence Treatment Program aims to break the cycle of family violence by providing assessment, treatment, rehabilitation and follow-up to perpetrators (offenders) of family violence who are court mandated.

INFORMATION MANAGEMENT

The availability of accurate and timely information is critical as support for a variety of system level functions and mental health system accountability. The AMHB works with government, health regions and other stakeholders to collect, analyze and disseminate mental health information. Information Management is involved in information planning, evaluation as it relates to performance measurement of the mental health system, data analysis and development of data standards. Information Management also collaborates with stakeholders in the development of funding models and costing methodologies, and creating statistical profiles related to mental health services.

MENTAL HEALTH PROMOTION

The mental health plan for the province identifies a role for the Alberta Mental Health Board to undertake selected province-wide prevention, promotion and public education services where provincial coordination reduces duplication and overlap and optimizes the use of resources. The AMHB supports initiatives that increase public awareness and literacy and decrease stigma and discrimination related to mental illness.

Stigma continues to be an issue for people with mental illness. Despite efforts to reduce stigma, more research is needed to help develop strategies that change understanding of and behaviour towards people who live with mental disorders and mental illness. Alberta is well positioned to implement, innovate and evaluate strategies that influence behaviour and contribute to development of best practices in reducing stigma.

ADVOCACY

The stigma associated with mental illness and lack of public awareness about mental health issues prohibits open discussion, a coordinated approach to finding solutions and often, help for the people who need it most. The AMHB has a lead role in providing provincial collaboration, coordination and support in advocacy. Advocacy in mental health is aimed at changing attitudinal and structural barriers to achieving positive mental health outcomes for the population.

TELEMENTAL HEALTH

Alberta's vast geographic distances, combined with low population density, can make access to specialized mental health services a challenge for rural Albertans. The Telemental Health Service (TMH) of the AMHB provides Albertans with timely access to mental health services. Working with Alberta health regions and other partners TMH supports the local delivery of mental health services in rural Alberta by:

- Improving patient access to mental health services in rural/under-served communities (e.g., psychiatric consultation via videoconferencing means clients from rural and under served communities have direct access to consultation and treatment in a timely manner – without having to travel long distances to regional referral centres.)
- Providing health care professionals with access to telelearning opportunities on mental health topics.
- Conducting research and evaluation of telecommunications and novel technology for application in mental health care.

INITIATIVES BEYOND ALBERTA

The AMHB role and mandate anticipates our collaborating with inter-provincial, national and international partners to advance the mental health system. A truly effective and seamless mental health system requires development on multiple fronts, including: legislative reform and consistency; coordinated human resource planning; systemic reform in primary health care structure and delivery; knowledge development and transfer in early detection and intervention; protection of vulnerable persons and their rights while safeguarding society from harm; and treatment delivery approaches that address disparities in availability, access, wait times, effectiveness and recovery and community supports.



AMHB

ALBERTA MENTAL HEALTH BOARD

... Advancing Mental Health

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